

# PALLIATIVE CARE FOR PATIENTS WITH ONCOLOGICAL WOUNDS IN A TEACHING HOSPITAL: AN EXPERIENCE REPORT

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**ABSTRACT:** This study aimed to describe the care provided in the palliative care outpatient center, for the patient with an oncological wound in a federal university teaching hospital in the municipality of Niterói in the state of Rio de Janeiro (RJ), certified as a High Complexity Oncology Center. It was undertaken through observation of the nursing actions in the implementation of the National Cancer Prevention and Control Policy. The complexity of the care for the oncological wounds requires technical and relational competence, addressing the physical, psychological, social and spiritual dimensions, essential for the quality of life of the patient and their family. The outpatient center began its activities in 2005; in October 2014 it had a mean of 70 patients being attended, with 12 new patients entering each month. Recognizing the challenges inherent to decision taking in this proposal of care regarding the needs of the patient, and providing appropriate support for the patient and caregiver, are important aspects if one is to provide efficacious care.  
**DESCRIPTORS:** Palliative care; Oncology nursing; Wounds and Injuries.

## CUIDADOS PALIATIVOS A PACIENTES COM FERIDAS ONCOLÓGICAS EM HOSPITAL UNIVERSITÁRIO: RELATO DE EXPERIÊNCIA

**RESUMO:** Este estudo tem como objetivo descrever o cuidado desenvolvido no ambulatório de cuidados paliativos, ao paciente portador de ferida oncológica em hospital universitário federal do município de Niterói/RJ, habilitado como Unidade de Alta Complexidade em Oncologia. Foi desenvolvido por meio da observação das ações de enfermagem na implementação da Política Nacional para Prevenção e Controle do Câncer. A complexidade do cuidado às feridas oncológicas requer competência técnica e relacional com abordagem às dimensões física, psicológica, social e espiritual, essenciais para a qualidade de vida do paciente e família. O ambulatório iniciou suas atividades em 2005, tendo em outubro de 2014 uma média de 70 pacientes em atendimento e entrada de 12 pacientes novos ao mês. Reconhecer os desafios inerentes às tomadas de decisão, nesta proposta de cuidado frente às demandas do paciente e prover um suporte adequado ao paciente e cuidador são aspectos importantes para um cuidado eficaz.

**DESCRIPTORIOS:** Cuidados paliativos; Enfermagem oncológica; Ferimentos e Lesões.

## CUIDADOS PALIATIVOS A PACIENTES CON HERIDAS ONCOLÓGICAS EN HOSPITAL UNIVERSITARIO: RELATO DE EXPERIENCIA

**RESUMEN:** Este estudio tiene como finalidad describir el cuidado desarrollado en el ambulatorio de cuidados paliativos, al paciente con herida oncológica en hospital universitario federal del municipio de Niterói/RJ, habilitado como Unidad de Alta Complejidad en Oncología. Fue desarrollado por medio de observación de las acciones de enfermería en la implementación de la Política Nacional para Prevención y Control del Cáncer. La complejidad del cuidado a las heridas oncológicas necesita competencia técnica y relacional con abordaje a las dimensiones física, psicológica, social y espiritual, fundamentales para la cualidad de vida del paciente y de la familia. El ambulatorio empezó sus actividades en 2005, habiendo en octubre de 2014 una media de 70 pacientes en atendimento y aceptación de 12 pacientes nuevos al mes. Es esencial para un cuidado eficaz reconocer los desafíos inherentes a cada decisión, en esta propuesta de cuidado delante de las demandas del paciente, y dar soporte adecuado al paciente y cuidador.

**DESCRIPTORIOS:** Cuidados paliativos; Enfermería oncológica; Heridas y lesiones.

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## INTRODUCTION

Estimates made by the Brazilian National Cancer Institute (INCA) indicate the appearance of approximately 576,000 new cases of cancer in 2014/2015<sup>(1)</sup>. In the light of this situation, cancer has come to be understood as a public health problem, which points to the need for creating strategies for implementing the National Cancer Prevention and Control Policy, instituted in May 2013<sup>(1-2)</sup>. The principle of organized comprehensive care, with actions and services geared towards the care of the person with cancer, upon which this policy is based, encompasses the prevention, early detection, diagnosis and treatment of the cancer, as well as palliative care<sup>(2)</sup>.

The Teaching Hospital in question has been registered as a High Complexity Care Center for Oncology (UNACON), since 2009, and is certified to offer specialized and comprehensive care for definitive diagnosis, treatment and monitoring of the most prevalent cancers, with the provision of specific medications for the treatment and control of the symptoms<sup>(3)</sup>.

According to the World Health Organization (WHO), a large number of those new cases of cancer are already at an advanced stage when assisted for the first time by health professionals, with the only realistic option for treatment being relief of the pain and the provision of palliative care. This modality of care is understood as care which aims for improvement of the quality of life of the patient and his/her family members, in the light of this life-threatening disease, through treatment of the pain and other physical, social, psychological and spiritual symptoms<sup>(4)</sup>.

Between 5% and 10% of patients with advanced cancer will develop oncological wounds during the last six months of their lives, resulting from the primary tumor or metastases<sup>(5)</sup>. In this context, this study aims to describe the nursing care undertaken in the palliative care outpatient center, for the patient with an oncological wound, in a federal university teaching hospital in the municipality of Niterói (RJ).

## CONTEXTUALIZING THE CARE

The outpatient center began functioning in 2005, attending patients referred by the hospital's onco-hematology service. Cancers of the breast, lungs, colon, rectum, prostate and cervix are

among the most prevalent in the outpatient center, there currently being a mean of 70 patients being attended, with 12 new patients entering each month. The vast majority of the patients present the disease at an advanced stage, with mean survival of 69 days, and are unable to provide self-care, needing accurate interventions from the team for controlling the distressing symptoms, which may be as much psychological, social and spiritual as physical, as well as training of the caregivers (whether family members or not) for the continuing of the care at home.

Among the activities undertaken by the outpatient center's nursing team, emphasis is placed on the care for the oncological wounds. This is complex care and requires a systematized and comprehensive approach, considering that the problems faced by the patients and their family members involve multiple dimensions. In this regard, the interdisciplinarity, inherent to the team, is an important aspect in this approach, and an essential tool in the philosophy of palliative care<sup>(5-6)</sup>.

Oncological wounds normally develop during the last six months of life, as a result of the primary tumor or metastasis. As a result of the infiltration of cancerous cells in the skin structures, a wound forms, progressively exophytic, with uncontrolled cellular proliferation<sup>(5)</sup>.

The most frequent locations of the wounds, in accordance with the cancers prevalent, are of the breast, head and neck, anterior thorax, genitalia, perineum, groin, the back and the extremities. Among the prevalent symptoms, the following stand out: pain, exudate, odor, bleeding and necrosis. Among the psychosocial questions, the change in body image, social isolation, embarrassment and shame are associated with living with, and with caring for, a wound of this nature<sup>(7-10)</sup>.

The poor potential for healing inherent to these wounds, as well as the possibility of tumor recidivism, as a consequence of the induction of cellular division for the purposes of tissue repair, during the use of healing products, makes it important to understand the goals of palliative care, as essential in the development of a treatment plan focusing on the control of symptoms and the maintenance of, or improvement of, the quality of life of the patient and their family members, as well as comfort and dignity<sup>(5,8)</sup>.

In the light of this complexity, the importance of the nursing consultation as a strategy which

allows the establishment of a closer relationship with the patient and family (an important unit of care), and the early detection of symptoms with the elaboration of an individualized care plan, appropriate to each patient attended, with later re-evaluations of the actions, is evident<sup>(11)</sup>. The nursing consultations have taken place since 2009, when the nurse was included in the multi-professional team.

When the patient is admitted to the outpatient center, upon the identification of the presence of an oncological wound, a thorough evaluation of the wound and of the patient is undertaken, and a care plan is formulated. The location of the wound, its appearance, size, the quantity and characteristics of the exudate, pain, odor, presence of infection and devitalized tissue in the wound bed, as well as the aspect of the skin around the lesion, are aspects which are evaluated and which will guide the local therapy. The description of the wound must be documented concisely and systematically so as to ensure credibility of later evaluations<sup>(12)</sup>.

As part of this first evaluation, we sought to identify the caregiver (the closest person, responsible for the care) and the primary care network in which the patient is linked for a partnership in the care. Undertaking the dressings at home is considered one of the principal difficulties found by the caregivers, which entails the need for the nurse to train this family member/caregiver<sup>(13)</sup>.

In this way, the first changing of the dressing is undertaken with the caregiver, seeking to identify his/her limitations, and evaluating his/her presence and importance in the care. Efficacious communication with members of the family is fundamental for the care of the patient at home. Keeping them informed about the procedures and involving them in the care is important for the process, and this can include training them with the skills necessary for the care<sup>(14)</sup>.

When the patient is discharged home, we offer a form elaborated by the nurse from the department, containing basic guidance for controlling the prevalent symptoms, and we provide a telephone number for clarifying any doubts which may arise. Studies indicate that patients and caregivers are unprepared for the task of caring for this type of wound<sup>(7,15)</sup>. As a result, practical issues related to care for the wound, as well as emotional matters, are addressed holistically, in a patient- and caregiver-centered way. Finally, all actions possible are

undertaken so as to improve the support for the caregivers, who are often caring for loved ones and members of the family.

## FINAL CONSIDERATIONS

The progression of the disease, the increase of the oncological wound, and the difficulty in controlling the prevalent symptoms can result in feelings of impotence and disheartenment for the nurse. The scientific knowledge of the principles of palliative care, addressing the physical, psychological, social and spiritual dimensions, is essential in this process, as well as understanding the importance of an interdisciplinary team, which can help in seeking strategies for coping with the disease.

The low level of information, and the absence of professional help, can lead some patients to use strategies which can exacerbate the symptoms; on the other hand, the impact which appropriate care can have on the patient's feeling of physical and emotional well-being is evident. The control of symptoms is important not only for physical health, but also improves the individual's self-esteem, restoring her dignity and quality of life.

In this context, it falls to the nurse to survey the care requirements of the patient and family, and to plan and to implement an individualized care plan, grounded in scientific principles and specific nursing knowledge, attending these demands, and to proceed to frequent assessments which allow further planning.

The situation's complexity can require fast assessments and accurate actions for managing the care, which requires critical thinking, anticipating the situations in accordance with the different phases of the disease. Besides technical competence, this determines relational competence, which includes skill in listening to and communicating with the patient, family members and other members of the interdisciplinary team. Furthermore, it offers the opportunity for the patients and family members to express their needs and for them to be referred on to specialized professionals, if necessary.

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